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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4154

SERIAL NUMBER 10/002,633	FILING DATE 12/05/2001 RULE	CLASS 165	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 033275-015
APPLICANTS Rainer Hocker, Waldshut-Tiengen, GERMANY; Josef Hausladen, Munchen, GERMANY;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 09/156,760 09/18/1998				
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 97 810 718.3 09/30/1997				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/17/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 4
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 1
ADDRESS Robert S. Swecker, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA 22313-1404				
TITLE Wall part acted upon by an impingement flow				
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4154

SERIAL NUMBER 10/002,633	FILING DATE 12/05/2001 RULE	CLASS 165	GROUP ART UNIT 3753	ATTORNEY DOCKET NO. 033275-015	
APPLICANTS Rainer Hocker, Waldshut-Tiengen, GERMANY; Josef Hausladen, Munchen, GERMANY;					
** CONTINUING DATA ***** This application is a CON of 09/156,760 09/18/1998 ABN					
** FOREIGN APPLICATIONS ***** EUROPEAN PATENT OFFICE (EPO) 97 810 718.3 09/30/1997					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/17/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Examiner's Signature Initials </div>		STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
ADDRESS Robert S. Swecker, Esq. BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, VA 22313-1404					
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FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		